Form 6

YEAR 2009 INDIRECT COST ALLOCATION PLAN

Summary Sheet

1 Agency Name:		
2 Disability/Target Group:		
	(Use additional copi	ies of this form as needed.)

A	В	С	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H	I
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs Σ col (D) to col (H)	Direct Salaries Allocation	FTE Allocation	Square Footage Allocation	Direct Cost Allocation	Other Allocation	Unallowable Indirect Costs**
7000	Salaries							
7100	Employee Health & Retirement Ben.							
7200	Payroll Taxes							
8000	Professional Fees							
8100	Supplies							
8200	Telephone							
8300	Postage & Shipping							
8400	Occupancy							
8500	Rental & Maintenance of Equip.							
8600	Printing & Publications							
8700	Employee Travel							
8800	Conferences, Conventions, Meetings							
8900	Specific Assistance to Individuals							
9000	Membership Dues							
9100	Awards & Grants							
9300	Client Transportation							
9400	Other Miscellaneous (Specify)							
9500	Depreciation or Amortization							
9600	Allocations to Agencies							
	Interest							
	Bad Debt							
	TOTAL INDIRECT COSTS *							

^{*} Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line on Form 5, column F.

As part of program budgeting, agencies which are contracted to provide more than one program are
required to assign indirect costs to each program under contract. Describe the formula/method used to
distribute indirect costs to programs.

Rev 7/08 Date Submitted:

^{**} Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

Form 6D

YEAR 2009 INDIRECT COST ALLOCATION PLAN Allocation Basis: Direct Salaries

1 Agency Name:			
2 Disability/Target Group:			
	(Use additional copie	es of this form as needed.)	

A	В	С	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
		Allowable							Other
Account	Indirect Cost Account	Total Direct							Contracts
Number	Description	Salaries	(program)	(program)	(program)	(program)	(program)	(program)	Programs &
		Allocation *							Functions
7000	Salaries								
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping								
8400	Occupancy								
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
8700	Employee Travel								
8800	Conferences, Conventions, Meetings								
8900	Specific Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)								
9500	Depreciation or Amortization								
9600	Allocations to Agencies								
	Interest			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>					
	Bad Debt								
	TOTAL INDIRECT COSTS **								
	TOTAL DIRECT SALARIES								

^{*} Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).

As part of program budgeting, agencies which are contracted to provide more than one program are
required to assign indirect costs to each program under contract. Describe the formula/method used to
distribute indirect costs to programs.

Rev 7/08 Date Submitted:

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6E

YEAR 2009 INDIRECT COST ALLOCATION PLAN Allocation Basis: Direct FTE

1 Agency Name:		
2 Disability/Target Group:		
, , ,	(Use additional copi	ies of this form as needed.)

A	В	С	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
		Allowable	Ì	, ,	, ,	, ,	` '	ì	Other
Account	Indirect Cost Account	Total Direct							Contracts
Number	Description	FTE	(program)	(program)	(program)	(program)	(program)	(program)	Programs &
	_	Allocation *							Functions
7000	Salaries								
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping								
8400	Occupancy								
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
8700	Employee Travel								
8800	Conferences, Conventions, Meetings								
8900	Specific Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)								
9500	Depreciation or Amortization								
9600	Allocations to Agencies					<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		X/////////////////////////////////////	
	Interest			X/////////////////////////////////////				X/////////	
	Bad Debt			<i>/////////////////////////////////////</i>				<i>/////////////////////////////////////</i>	
	TOTAL INDIRECT COSTS **								
	TOTAL FTE								

^{*} Individual line entries for Total Direct FTE Allocation (column C) come from the Indirect Cost Summary Form 6 (column E).

As part of program budgeting, agencies which are contracted to provide more than one program are
required to assign indirect costs to each program under contract. Describe the formula/method used to
distribute indirect costs to programs.

Rev 7/08 Date Submitted:

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6F

YEAR 2009 INDIRECT COST ALLOCATION PLAN

Allocation Basis: Square Footage

1 Agency Name:				
2 Disability/Target Group:				
	(Use additional copies of this form as needed.)			

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
		Allowable							Other
Account	Indirect Cost Account	Total Direct							Contracts
Number	Description	Sq Footage	(program)	(program)	(program)	(program)	(program)	(program)	Programs &
		Allocation *							Functions
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7000	Salaries								
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping								
8400	Occupancy								
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
8700	Employee Travel								
8800	Conferences, Conventions, Meetings								
8900	Specific Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)								
9500	Depreciation or Amortization								
9600	Allocations to Agencies								
	Interest			X//////////					
	Bad Debt								
	TOTAL INDIRECT COSTS **								
	TOTAL SQUARE FOOTAGE								

^{*} Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Summary Form 6 (column F).

As part of program budgeting, agencies which are	re contracted to provide more than one program are
required to assign indirect costs to each program	under contract. Describe the formula/method used to
distribute indirect costs to programs.	
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^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6G

YEAR 2009 INDIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name:			
2 Disability/Target Group:			
• •	(Use additional copi	ies of this form as needed.)	

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
		Allowable							Other
Account	Indirect Cost Account	Total Direct							Contracts
Number	Description	Direct Cost	(program)	(program)	(program)	(program)	(program)	(program)	Programs &
		Allocation *							Functions
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	***************************************	**************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7000	Salaries								
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping								
8400	Occupancy								
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
Rev. 7/08	Employee Travel								
8800	Conferences, Conventions, Meetings								
8900	Specific Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)								
9500	Depreciation or Amortization								
9600	Allocations to Agencies								
	Interest								
	Bad Debt								
	TOTAL INDIRECT COSTS **								
	TOTAL DIRECT COSTS								

^{*} Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

D 7/00	D . C 1 1
Rev 7/08	Date Submitted:

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

Form 6H

YEAR 2009 INDIRECT COST ALLOCATION PLAN

Allocation Basis: Other Allocation Basis

1 Agency Name:		
2 Disability/Target Group:		
	(Use additional copi	es of this form as needed.)

A	В	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
		Total							Other
Account	Indirect Cost Account	Other							Contracts
Number	Description	Allowable	(program)	(program)	(program)	(program)	(program)	(program)	Programs &
		Allocation							Functions
		Basis *							
7000	Salaries								
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping								
8400	Occupancy								
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
8700	Employee Travel								
8800	Conferences, Conventions, Meetings								
8900	Specific Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)								
9500	Depreciation or Amortization								
9600	Allocations to Agencies								
	Interest			X///////////		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
	Bad Debt								
	TOTAL INDIRECT COSTS *								
	TOTAL ALLOCATION BASIS								

^{*} Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev 7/08 Date Submitted:

^{**} Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.